Alternatives to Administrative Discharge

It’s Time to Stop Kicking People Out of Treatment

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Learning Objectives

- Recognize system-level concerns and clinical practices that lead to increased administrative discharges.
- Identify clinical and ethical problems that are raised by the practice of administrative discharge.
- Review promising policies and practices for decreasing administrative discharges.
What is Administrative Discharge?

The action of terminating a person from treatment against their wishes and counter to their treatment needs.
What is Administrative Discharge?

It is wholly different from other common exit reasons, including:

- Treatment completion
- Left against staff advice
- Transfer

Image: Nick Youngson CC BY-SA 3.0 ImageCreator
How Common is Administrative Discharge?

What percentage of discharges at your setting in the past year were administrative (estimate)?
Administrative Discharge Distribution by Service
(2016 data for publicly funded treatment)

Table 5.4 in 2016 TEDS Discharge Data: https://www.samhsa.gov/data/sites/default/files/2016_Treatment_Episode_Data_Set_Annual_Revised.pdf
Discharge Reasons for Outpatient MAT  
(2016 data for publicly funded treatment)

- Dropped Out: 42.8%
- Transferred: 22.8%
- Completed: 12.7%
- Admin D/C: 10.7%
- Other: 11.0%

Table 5.4 in 2016 TEDS Discharge Data: https://www.samhsa.gov/data/sites/default/files/2016_Treatment_Episode_Data_Set_Annual_Revised.pdf
Who is Being Administratively Discharged?

People who are administratively discharged are more likely to present with:

- Younger age
- More severe problems
- Co-Occurring mental health concern
- History of using violence
- Less intrinsic motivation for recovery
- Less recovery support from friends and family

White et al. 2005
Why is Administrative Discharge Concerning?

- Fatal accidental overdoses continue to increase. (CDC)
- Many people who need treatment are not accessing it. (SAMHSA NOMS)
- Treatment retention and completion lead to better recovery outcomes, and not completing treatment is associated with worse outcomes. (Price, 1997; Grella et al. 1999; Wallace & Weeks, 2004)
- There are people who need to be in treatment whose cases being closed against their will, without transfer.
The Drivers of Administrative Discharge

System-Level Concerns & Clinical Practices that Increase Administrative Discharges
Common Goals That Drive Administrative Discharge

- Efficient utilization of treatment
- Long-term financial stability
- Protecting others’ recovery
- To prevent “enabling”
- Upholding professional reputation
- Ethical duty to address lack of progress

White et al. 2005
System-Level: Ensuring Efficient Utilization of Treatment as a Limited Resource

- Reserving services for those who are deemed to be able to make the most progress.
- Those who do not demonstrate progress are taking up valuable resources from others who are more “ready”.
- Screening people out of treatment based on notions of compliance or ‘readiness’ (rather than in to treatment based on need).
- Reinforced by notions of worthiness vs. unworthiness.
System-Level: Financial Concerns

- Lack of financial resources to continue paying for treatment.
- Insurance refuses to cover needed services.
- Lack of payment for copays, and/or other required fees.
- Other funding sources (such as grants) are exhausted.
Clinical: To Protect Others’ Recovery

- The treatment milieu is a therapeutic agent that can be easily influenced and damaged.
- The removal of those who are believed to be threatening towards the milieu is seen as necessary for protecting the recovery of others.
System-Level & Clinical Practice Issue

Lack of engagement and missed appointments.
Clinical: To Prevent “Enabling”

This concept is based on several assumptions:
● The person is not making progress.
● They need negative consequences in order to start making progress.
● Taking away treatment services is the only way to help them.
● To continue service would be harmful.
Clinical: Ethical Duty to Address Lack of Progress

- Ethical duty to not continue to expose someone to treatment(s) that seem ineffective for them (and could be causing harm).
- Ethical duty to not add to financial strain or bill for services that show no promise of effectiveness
System-Level: Uphold Professional Reputation

How might involuntarily discharging someone protect one’s reputation as a treatment provider?
System-Level: Uphold Professional Reputation

This concept is based on several concerns:

- Program being viewed as accepting of what is considered “bad” behavior.
- Program being viewed as ineffective.
- Clients who are more “ready” or “motivated” for treatment seek out other providers, while those who are labeled “not ready” or “unmotivated” flock to the program.
- Loss of community acceptance, and/or respect.
- Loss of support from stakeholders.
Clinical & Ethical Dilemmas

Raised by Administrative Discharge

Image source: http://alphastockimages.com/
What Happens After Administrative Discharge?

What do you think happens to most people after they experience administrative discharge?
Administrative Discharge for... Substance Use

Entry into a treatment program is based on the person demonstrating medical necessity for professional intervention to be able to address their diagnosed substance use disorder.

Image: American Society of Addiction Medicine
https://www.asam.org/resources/the-asam-criteria/about
Administrative Discharge for... Substance Use

Recurrent substance use is confirmation of the very disorder for which they are seeking our assistance.

It is not something to be punished, but rather, something requiring our help and support.

White et al. 2005; Williams & Taleff 2015
Administrative Discharge for... Substance Use

What if other healthcare professionals discharged their patients due to a symptom of their condition?
Misunderstand the Role of Self-Determination and Self-Efficacy in Recovery

Self-determination, self-efficacy, and decision-making power (especially as it relates to substance use) is the **goal** of engaging in treatment, and so cannot be a requirement for accessing or remaining in treatment.

White et al. 2005; Williams & Taleff 2015
An Issue of Perspective?

**Moral Model**
Negative consequences are necessary for the person to be willing to change, thus AD creates an opportunity for reflection and building motivation.

**Disease Model**
SUD is a chronic condition that worsens when not effectively treated, thus AD disconnects the person from needed health care and delays the discovery of what treatment will best help them.

Williams 2016
Misjudging the Meaning & Consequence of Administrative Discharge

Even where negative consequences may spark motivation (rather than increase despair and drive substance use), they are usually naturally occurring consequences that are primary to basic needs.

White et al. 2005; Williams & Taleff 2015
Misjudging the Meaning & Consequence of Administrative Discharge

The hallmark feature of a substance use disorder is continued use despite consequences. If punishment was going to work, it would have worked by now.
Misjudging the Meaning & Consequence of Administrative Discharge

But we all know someone who said that ‘a kick in the pants’ was what they needed at the time...

A person who is able to change their behavior as a result of administrative discharge, probably would have responded to much less severe engagement strategies that didn’t interrupt care.
What Happens After Administrative Discharge?

Especially for individuals living with an opioid use disorder (OUD), involuntary termination from medication-assisted treatment (MAT) increases the person’s risk for serious negative outcomes, including:

- Increased risk of HIV and other blood-borne pathogens
- Increased risk of criminal activity and incarceration
- Increased risk of fatal overdose
What Happens After Administrative Discharge?

Based on following the 90-day outcomes of 35 adults with OUD who were involuntarily discharged from OP MAT:

- Difficulty with tapering off medication and withdrawal.
- Many became homeless, particularly when housing required participation in treatment.
- Increased physical and mental health problems.
- Returned to and/or increased use.
- In order to finance use, 13 reported engaging in criminal activity and four returned to sex work.
Safety, Rule Violations, or... Escalating Negative Countertransference?

Many reasons given for administrative discharge are behaviors that have little to do with recovery, and more to do power struggles, such as:

- Oversleeping or not going to bed on time
- Having food/candy/soda in their room
- Making phone calls when they’re not supposed to

These are not grounds for terminating treatment.

White et al. 2005
Safety, Rule Violations, or... Escalating Negative Countertransference?

Administrative discharge can involve an adversarial process where staff have built up negative experiences and expectations of the person in treatment, and the ultimate exertion of power by staff is to forcibly discharge the individual from treatment.

Countertransference

White et al. 2005
Safety, Rule Violations, or... Escalating Negative Countertransference?

Countertransference refers to all of the emotions, feelings, and beliefs we experience in reaction to the person we are serving.

White et al. 2005
Safety, Rule Violations, or... Escalating Negative Countertransference?

Shame
What role might societal stigma of substance use and ‘addiction’ play in this dynamic?
Safety, Rule Violations, or... Escalating Negative Countertransference?

This is also a potential vehicle for bias within our institutions.

White et al. 2005
Ethical Duty to Address Lack of Progress

In this case, we are not taking appropriate responsibility for selecting and applying treatment services that are responsive to the person’s needs. Instead, we are laying all the blame on them for not working hard enough.

We must ask ourselves, are we putting people through the same treatment protocols, again and again? How are we setting them up for failure?
Ethical Duty to Address Lack of Progress

If an individual is not progressing in treatment as we would expect, the responsibility is ours to determine what about the treatment is not working.
If someone needs a level of care that we cannot provide, what are we doing to prepare them for engaging that level of care? What are we doing to successfully link them?

Recognizing that someone may need a service that we cannot provide is not grounds for discharge.
Ethics Regarding Financial Concerns

- Transparency surrounding cost, including estimated out-of-pocket costs.
- Realistic assessment of the person’s ability to pay.
- Flexibility with offering payment plans, and alternative means of funding when individuals are unable to meet out-of-pocket costs.
Financial Concerns in Publicly-Funded Treatment

Administrative discharge due to inability to pay has no place in publicly-funded programs.

- Considered clinical abandonment
- Not aligned with ethical practice
- Not allowed by some legal and regulatory standards.
What Now?

We’ve covered many of the concerns that lead to administrative discharge, as well as the many ethical and clinical problems it poses.

So what can we do to minimize this practice? We’ll review many strategies after a short break.
Pause -
please return in 5 minutes
Promising Policies & Practices

For Decreasing Administrative Discharge
Pre-Treatment Engagement & Orientation

Beginnings are crucial for setting the tone of the treatment experience, and can naturally bring up anxiety and confusion for the person entering treatment.

White et al. 2005
Pre-Treatment Engagement & Orientation

Pre-Treatment serves many purposes:

- Provides service when there is not same-day access.
- Maintains engagement.
- Helps address barriers.
- Mobilizes recovery supports.
- Strengthens intrinsic motivation for recovery.

White et al. 2005
Pre-Treatment Engagement & Orientation

Things to consider:

● How is our orientation culturally responsive?
● How do we demonstrate transparency and trustworthiness?
● How do we engage natural recovery supports?
● How do we involve peers in the orientation process?
● How do we inspire hope and connect with core values?
The Power of Relationship

Create a relationally-oriented healing environment:

- There is a primary staff assigned.
- One-on-one attention and support, especially frequent at the beginning of treatment.
- Ongoing engagement, processing of negative emotion, affirming any positive change, and early identification and resolution of problems.
- Multidisciplinary staff, including peer recovery specialists.

White et al. 2005
Assign a staff member to provide continuous support throughout every phase of care, from pre-treatment to after-care, to help increase the individual’s sense of safety.

- Adds to a sense of stability through the various transitions found in treatment.
- Can help decrease reactivity to changes.
- A Recovery Coach is well positioned to provide this kind of continuous engagement and support.
Minimize “Rules”, Maximize Engagement

Choosing limits wisely is a critical step in not only minimizing administrative discharges, but also in preventing crisis and escalation.

Too many rules quickly turns a programs focus away from relationship building and recovery, towards an environment of control and forcing compliance.
Functional Behavior Analysis

Consider behavior as additional data on the person’s current status and ongoing needs.

- How does their behavior add to the clinical picture?
- What changes are needed in their service plan to better meet their needs?
- What can be learned from these situations to better support the person, and elicit their insight and motivation?
Ensure Therapeutic Doses of Medication

Inadequate dosing of medications used in MAT contributes to many of the behaviors that often lead to administrative discharge.

MAT for opioids is specific to treating OUD, and should not be discontinued if a person tests positive for other substances.
Clinical Supervision

White et al. 2005
Protocols for Internal Review of Discharges

Reviewing proposed administrative discharges in advance can help identify alternative strategies, whether countertransference issues are at play, as well as make sound plans for the person’s continuity of care.
Effective Transfer

Transfer is always preferable to administrative discharge. Effective transfer to a different level of care, service environment, or treatment modality requires us to be flexible, and use our linkage and follow-up to ensure continuity of care.
Recovery Check-Ups & Potential Re-Admission

If administrative discharge seems like the only option, engage these additional strategies:

- Define conditions for re-admission and resources to support the person in meeting those.
- Provide linkage to community-based recovery supports.
- Recovery Check-Ups.
Create Feedback Loop Between Discharge & Assessment/Admission

Things to consider:

● How can we improve assessment and level of care placement to increase effective treatment planning and increase likelihood of treatment completion?
● What needs were not adequately addressed at intake that later led to interruptions in care?
For the Frontline Clinician

Everyday Strategies
For the Frontline Clinician: Everyday Strategies

Strive to connect with each person as a human being.
For the Frontline Clinician: Everyday Strategies

Notice interpersonal styles and ways of making and avoiding connection.

White et al. 2005

Image source: https://www.maxpixel.net/No-Entry-Street-Panel-Logo-2083864
For the Frontline Clinician: Everyday Strategies

Separate the condition from the person.

See and draw out their true self.
For the Frontline Clinician: Everyday Strategies

Use peer and/or clinical supervision.

White et al. 2005
For the Frontline Clinician: Everyday Strategies

Go the extra mile to engage and support those who have had multiple treatment episodes.

White et al. 2005
For the Frontline Clinician: Everyday Strategies

Embrace and rejoice in the multiple pathways of recovery.

White et al. 2005
Thank you!

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Resources & References

Resources & References